

## Texas Funeral Service Commission Commercial Embalming Facility Renewal

If this facility has changed name or location, STOP! You may not renew this license. You MUST complete a NEW application for licensure. If this facility has changed owners, you must either complete a new application for licensure OR submit a Change of Ownership Amendment prior to renewal.

- ☐ Renewal Fee - \$537.00 (Must be received prior to license expiration)
- ☐ Late Renewal Fee - \$1,058.00

Establishment Name \_\_\_\_\_ License # \_\_\_\_\_

Physical Address \_\_\_\_\_  
(street) (city) (zip)

Mailing address (if different from above) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

### TYPE OF BUSINESS

- ☐ Sole ownership / Name: \_\_\_\_\_
- ☐ Partnership / Name: \_\_\_\_\_
- ☐ Corporation/Name: \_\_\_\_\_

List names and addresses of the sole owner, partners, or officers of the corporation (attach additional sheet if necessary).

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_

### EIC

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Does EIC currently serve as EIC at other locations? \_\_\_\_\_ If yes, please list name and license number of other locations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## CRIMINAL HISTORY

1. Within the last 12 months has any person associated with the facility been convicted of a felony? Yes \_\_\_ No \_\_\_
2. Within the last 12 months has any person associated with the facility been convicted of a misdemeanor related to funeral directing/embalming? Yes \_\_\_ No \_\_\_
3. Within the last 12 months has the facility and/or the EIC been the subject of administrative action by the Commission? Yes \_\_\_ No \_\_\_ If Yes, please indicate the Complaint Case Number: \_\_\_\_\_

If you answered yes to any of the above questions, please explain in detail. Attach additional pages if necessary.

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## FACILITY EXEMPTION

Has the facility been granted a records exemption? Yes \_\_\_ No \_\_\_ If Yes, please indicate where the records are stored. \_\_\_\_\_

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As the owner or officer of the commercial embalming facility, I affirm the statements and information contained in this renewal application are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Before me, the undersigned, a notary public in and for the State of Texas, on this day personally appeared \_\_\_\_\_, known to me, who by me being placed under oath, disposes and says that he/she is the \_\_\_\_\_ (title) of the \_\_\_\_\_ (establishment).

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public in and for the State of Texas

My commission expires \_\_\_\_\_